Notification of Hazardous Waste Site Date On 1020

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensate Indicate the letter of the item

	sation, and Liability Act of 1980 an be mailed by June 9, 1981	id must	which appli		<u>GALE</u>				العمر ر			
Ą	Person Required to Notify: Enter the name and address of the person or organization required to notify.		Name Union Carbide Corporation Street 270 Park Avenue									
	or organismos required to notify.											
	1	cov Ne	w York		·		State	NY	Zip C	<i>⊪</i> 100	17	
В,	Site Location: TXP -00 - 81	1-409	2_	T7-2	C- i						5	
	Enter the common name (if known) and actual location of the site.		Name of Site Union Carbide Corporation - Turning Basin					<u> </u>				
			Street TX	Highwa	y 48,	Por	ct of B	rowns	ville	È		
			ca, Brow	nsville	Co.	,,,,Cā	meron	State	TX	Z o C	nde 785	520
C	Person to Contact:	o Contact:										
_	Enter the name, title (if applicable)	Name (Last, F	ust and Title)	Park	er,	Dr. H.	M., T	ech.	Mgr.	Envir	onmenta	
	business telephone number of the person		Phone 212-	551-451	.5					•	_ <i>P</i>	ffairs
	to contact regarding information submitted on this form.										 -	
D D	Dates of Weste Handling											
	Dates of Waste Handling:	waste	•		:							
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.		From (Year)	1950	To f	(eat)	_1957_					_
	ended at the site.	• .			-			•				
	<u> </u>							•				
	Waste Type: Choose the option you pre Option I: Select general waste types and so you do not know the general waste types or encouraged to describe the site in Item I—D General Type of Waste: Source o Place an X in the appropriate Place an		sources, you	ou are of Site.	Resou regula Spec	urce (ations ific T	This option Conservations (40 CFR, F Type of Was ssigned a f	on and R Part 261) ste:	ecovery I.	Act (R	CRA) Sec	
	boxes. The categories listed boxes. overlap. Check each applicable		·		appro	priáte	e regulatio e four-digit nazardous	number	in the	boxes p	rovided.	
	category.											h the site is
	1. D Organics	1. D Mi	ning	-	locate	ed.				•		
	2. XI Inorganics	2. 🗆 Co	nstruction		l r-			[n r	 -	
	3. Solvents	3. 🗆 Te	xtiles	•						┥ `		·
	4. 🛘 Pesticides	4. 🗆 Fe	rtilizer							:		
	5. D Heavy metals		per/Printing							7 }		
	6. 🗅 Acids		ather Tanni		l					┨ . }		
	7. 🖸 Bases		n/Steel For							7 1		
	8. 🗆 PCBs		remical, Ger							1 1		
	9. D Mixed Municipal Waste		ating/Polish		1 1			<u> </u>		1 1		
			ilitary/Amm				. 1			7 1		
			ectrical Con					· ·		1 1		
	: .		ansformers				-	•				
	Known contents		ility Compa			•				٠,		
	<u> Iron Oxide</u>		enitary/Refu	ıse	{			•				•
•	catalyst, non-		notofinish		1.						٠.	
	hazardous		b/Hospital		{	•		•				
	•	17 D U		•	[٠.						
		18. П О	ther (Specify	Y)		٠,			000			. '
									985	3476	5	

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٠.	Natification of Hazardous Wasterite	Side Two						
,F	W _i aste Quantity:	Facility Type	Total Facility Waste Amount					
• ′	Place an X in the appropriate boxes to indicate the facility types found at the site.	□ Piles □ Land Treatment	cubic feet 17,000					
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	3. ☐ Landfill 4. ☑ Tanks 5. 🛣 Impoundment	gallons unknown Total Facility Area square feet unknown					
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	6. ☑ Underground Injection * 7. ☐ Drums, Above Ground 8. ☐ Drums, Below Ground 9. ☼ Other (Specify)	*Contents Unknown					
G	Known, Suspected or Likely Releases to the Environment:							
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment	☐ Known ☐ Suspected ☐ Likely ☐ None X Unlikely						
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessin hazardous waste sites. Although completing the items is not required, you are encouraged to do so.							
H	Sketch Map of Site Location: (Optional))						
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publish map showing the site location.							
	See attached map, which was inc submitted on November 10, 1980,	luded in our hazardous w to the EPA's Region VI	aste permit application Office in Dallas.					

Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide meets state requirements. any other information or comments which

may help describe the site conditions.

Union Carbide Corporation began using its surface impoundment site in 1975. This general area had also been used by AMOCO during the 1950's for waste and scrap disposal. The natural clays found in this area have a suitable plasticity index for waste impoundment and permeability

Test wells drilled by the Texas Water Development Board and City of Brownsville found no potable water source within eight miles of the plant site.

*Underground injection used by Amoco, date and contents unknown.

a Sidhalule and Thi	j	Signat	ture	and	Title
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The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required

Name	W. W. McManus,	Plant Manager
		· · · · · · · · · · · · · · · · · · ·
Street	P.O. Box 3370	
City	Brownsville	State TX Zip Code 78520

X Owner, Present

☑ Owner, Past □ Transporter

M Operator, Present

☑ Operator, Past □ Other

V M Many Date May 15, 1981

